

SUNY DOWNSTATE HEALTH SCIENCES UNIVERSITY

POLICY AND PROCEDURE

NRF Comments: 8/17/2020

DEPARTMENT:	College of Medicine
EFFECTS:	<input type="checkbox"/> School of Health Related Professions <input type="checkbox"/> School of Graduate Studies <input checked="" type="checkbox"/> College of Medicine <input type="checkbox"/> College of Nursing <input type="checkbox"/> School of Public Health

SUBJECT AND KEY WORDS:	STUDENT SUPERVISION POLICY
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PREPARED BY:	Associate Dean for Clinical Medicine
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REVIEWED BY:	Office of Education Leadership Team Core Clerkship Directors' Team
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APPROVED BY:	Dean's Council for Education
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APPROVAL DATE:	July 28, 2020
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DISTRIBUTION:	Handbook, Policy Website
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Purpose and Scope

The College of Medicine prioritizes patient care, patient safety and student safety as part of a student's high-quality educational experience in the practice of medicine. Consistent with the requirements of LCME Standard 9 and the College of Medicine's patient and student safety priorities, this policy describes standards of appropriate supervision and appropriate delegation of responsibility to medical students in the clinical environment.

This policy applies to individuals who supervise medical students in any course or clerkships, at any training site. The purpose of this policy is to ensure that the College of Medicine adheres to expectations to protect patient and student safety and sets forth mandatory training, teaching, and assessment skills required to be a medical student supervisor. Appropriate supervision ensures that medical students are provided with opportunities to learn that are progressive and commensurate with the student's level of training and are in accordance with the supervisor's level of training and specialization.

Rationale

1. At SUNY Downstate Health Science University's College of Medicine, we value the role of learners in the provision of excellent clinical care and aim to maximally support learners in their development of clinical expertise within a structure of graded responsibility.

2. At SUNY Downstate Health Science University's College of Medicine, we assert that appropriate supervision is not only in the best interest of student and patient safety, but also critical to performing assessments of the learner and providing meaningful feedback.

Relevant LCME Standards:

9.1 Preparation of Resident and Non-Faculty Instructors

- In a medical school, residents, graduate students, postdoctoral fellows, and other non-faculty instructors in the medical education program who supervise or teach medical students are familiar with the learning objectives of the course or clerkship and are prepared for their roles in teaching and assessment. The medical school provides resources to enhance residents' and non-faculty instructors' teaching and assessment skills and provides central monitoring of their participation in those opportunities.

9.3 Clinical Supervision of Medical Students

- A medical school ensures that medical students in clinical learning situations involving patient care are appropriately supervised at all times in order to ensure patient and student safety, that the level of responsibility delegated to the student is appropriate to his or her level of training, and that the activities supervised are within the scope of practice of the supervising health professional.

Definitions

Supervisors in the Clinical Setting:

A supervisor has the capacity to allow a learner to receive progressive responsibility for patient care. Examples of possible supervisors include: attending physicians on inpatient wards, teaching physicians in practice and/or clinics, fellows and residents in a Graduate Medical Education (GME) program, and allied health professionals, such as nurses, physician assistants, nurse practitioners and social workers.

Levels of Supervision - Direct vs. Indirect:

Observer – the student watches clinical tasks or procedures but does not perform the task or procedure or other clinical activity.

Direct Supervision/Perform Under Direct Supervision - the student performs a task with the supervisor physically present in the same location as the student; the supervisor is able to provide direct instruction/feedback to the student; the supervisor is able to take over patient care duties if and when necessary.

Indirect Supervision; Perform Under Indirect, but Immediately Available Direct Supervision - the supervisor may not be physically present with the student; however, the supervisor is on-duty,

immediately available, and can be called to the physical location of the student if and when necessary.

Policy

Clinical Supervision – General Guidelines

- a. The limitations for the requirements of proximity and timing of supervision, as well as the specific tasks that a student may perform without Direct Supervision, depends on various factors, including:
 - the student's level of training (i.e. year in or stage of medical school)
 - the skill and experience of the student within the scope of the clinical care situation
 - familiarity of the supervisor with the student's skill
 - the acuity of the situation
 - the degree of risk to the patient.
- b. In the clinical setting (in-patient or out-patient), Year 1 and 2 medical students are under both Direct and Indirect Supervision with Immediately Available Direct Supervision and are engaged in low acuity situations (for example, conducting a history on a patient), while medical students in Years 3 and 4 are primarily under Indirect Supervision. In every instance, a medical student's supervisor should always be available.
- c. The Course/Clerkship/Site Director will determine who can supervise the medical student, which may include fellows, residents, and/or appropriately credentialed allied healthcare providers, provided that such individuals have satisfied training in accordance with the College of Medicine's applicable Non-Faculty Instructors policies.
- d. Training must be provided to all residents and fellows who supervise medical students, including at the time of the resident/fellow's initial orientation at the clinical site, as well as on an ongoing basis thereafter. Topics of formative and summative assessments (feedback and evaluations) shall be covered as well as training in teaching and instruction and curricular goals.
- e. During the course of their educational curriculum, all medical students may conduct medical interviews and perform physical examinations on patients with the patient's consent. Supervisors are responsible for reviewing all medical student documentation in a patient's medical record, making any necessary corrections to the record, and providing feedback to the student for educational purposes.
- f. Clinical decisions shall never be enacted by medical students without a supervisor's input.
- g. Student documentation of the components of evaluation and management within a patient's record must be verified by the supervisor before they are enacted and before the evaluation and management components are finalized and considered a part of the patient's record.

- h. A supervising physician must have medical and legal responsibility for patient care at all times.

Procedure Supervision - General Guidelines

- a. Medical students may be assigned to provide patient care services for medical procedures, under Direct Supervision; including, but not limited to: intravenous line placement, obtaining consent, and discharge planning.
- b. Medical students must be appropriately supervised during all clinical procedures in which they are involved, including, but not limited to: bedside, emergency department, and/or operating room procedures.
- c. The level of supervision provided must take into account the complexity of the procedure, the stability of the patient, potential for adverse effects, and the demonstrated competence and responsibility of each student in order to ensure the safety and comfort of the patient and the student.
- d. In all cases, the supervisor must have privilege or authorization to perform the procedure the supervisor is supervising.
- e. The Course/Clerkship Director, with oversight from the Associate Dean for Clinical Medicine and the Curriculum Evaluation Committee, will determine the patient encounters and procedures for which medical student supervision may be provided by fellows, residents, and/or appropriately credentialed healthcare providers.

Procedures to Monitor Supervision

- a. Students are instructed to contact their Course or Clerkship Director regarding any immediate concerns with supervision. Additionally, students may report concerns to the Associate Dean of Clinical Medicine or may report concerns confidentially, directly to the SUNY Downstate College of Medicine Ombudsman.
- b. Students report on the adequacy and availability of supervision during mid-rotation feedback.
- c. Course and Clerkship Directors shall review student feedback in evaluations, deliver mid-rotation feedback, and provide prompt follow-up to address any supervision concerns that may arise. The Associate Dean of Clinical Medicine and the College of Medicine Assessment Dean and their staff review the student reports on an ongoing basis to identify any trends of supervision concerns being reported. Furthermore, the Curriculum Evaluation Committee shall review the end-of-course student surveys, and may request changes and/or additional monitoring at within any course or at any clerkship location.

- i. Course/Clerkship Directors must submit an annual report to the Curriculum Evaluation Committee that documents how they ensure that supervising physicians and healthcare providers adhere to the provisions of this policy.
- j. The Curriculum Evaluation Committee will submit an annual report to the Dean's Council for Education that documents adequacy of student supervision or concerns regarding supervision raised by medical students in course evaluations.

Accountable Dean or Director

Associate Dean for Clinical Medicine
Senior Associate Dean for Undergraduate Medical Education
Director of clerkship or course

Adoption and Review

1. This policy is subject to initial adoption by the Dean's Council for Education. Adoption includes the definitions, implementation method, and adoption and review requirements as well as the policy statement.
2. The Curriculum Evaluation Committee will report to the Dean's Council for Education on the adherence of each clerkship to the requirements of this policy as part of the clerkship's regular annual review.